



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
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MassHealth														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PR	2011	0	0	34	0	34	34	0	0	34	0	0	34	170
PR	2012	0	0	34	0	0	34	0	0	34				102
ME	2009	0	0	0	0	0	0	0	0	0	0	0	7,364,007	7364007
ME	2010	0	0	0	0	0	0	0	0	0	0	0	7,980,760	7980760
ME	2011	0	0	0	0	0	0	0	0	0	0	0	8,064,074	8064074
ME	2012	8,066,793	8,051,249	8,089,712	8,122,142	8,101,980	8,083,744	8,038,971	7,993,889	7,956,851	8,007,943	8,016,589		88,529,863
PV	2011	63,564	63,764	64,047	64,228	69,277	64,867	65,185	65,562	65,791	65,990	66,144	66,541	784,960
PV	2012	66,670	67,061	67,335	67,676	67,896	68,231	68,639	68,998	69,326	69,814	70,034		751,680
MC	2008	3,295,240	3,691,677	4,312,926	4,409,689	3,320,406	2,904,810	4,932,002	3,323,770	4,217,429	3,600,823	3,885,415	5,140,801	47,034,988
MC	2009	3,442,883	4,274,157	5,788,624	4,089,132	5,938,018	864,421	6,188,331	5,192,064	5,197,163	4,291,878	4,333,869	5,633,373	55,233,913
MC	2010	3,922,365	4,436,739	5,792,371	4,680,832	4,960,887	5,567,741	6,874,124	5,702,544	4,604,833	5,592,658	6,198,746	6,281,723	64,615,563
MC	2011	4,408,057	4,346,703	6,308,164	5,438,708	6,680,138	5,198,184	5,272,743	7,680,201	6,313,733	5,225,503	6,513,839	5,502,501	68,888,474
MC	2012	5,926,789	5,033,409	4,689,719	5,860,875	8,820,027	6,445,990	6,976,772	5,616,965	5,022,101	7,304,553			61,697,200
PC	2008	954,045	833,041	854,466	1,043,823	860,480	829,099	1,021,283	820,525	1,039,002	844,865	847,742	994,342	10,942,713
PC	2009	951,802	926,585	1,174,419	918,473	759,582	605,968	1,150,485	883,495	1,102,322	924,193	914,403	1,133,216	11,444,943
PC	2010	887,826	1,017,520	1,386,130	1,025,107	1,049,635	989,226	1,418,179	1,220,446	1,035,225	992,497	1,208,872	1,053,181	13,283,844
PC	2011	1,039,221	1,011,276	1,324,620	1,064,984	1,319,971	1,031,201	996,859	1,233,160	966,474	1,011,752	1,225,410	990,822	13,215,750
PC	2012	1,197,837	1,014,374	1,019,672	1,029,533	1,281,632	1,460,197	867,404	1,067,400	1,055,484	1,376,218	1,095,584		12,465,335
DC	2008	316,899	307,613	336,249	422,275	310,875	305,613	414,153	344,221	446,834	381,161	398,555	435,989	4,420,437
DC	2009	272,233	367,891	482,249	402,953	312,488	391,517	476,770	381,070	474,686	429,272	430,809	480,245	4,902,183
DC	2010	350,335	444,305	566,525	434,989	449,908	411,064	597,570	487,836	326,409	364,253	510,227	343,361	5,286,782
DC	2011	276,625	296,485	454,067	378,826	467,076	340,133	331,608	432,627	346,406	366,793	460,219	346,548	4,497,413
DC	2012	397,528	362,925	375,953	383,286	474,957	365,943	434,487	364,402	309,710	520,099	383,212		4,372,502

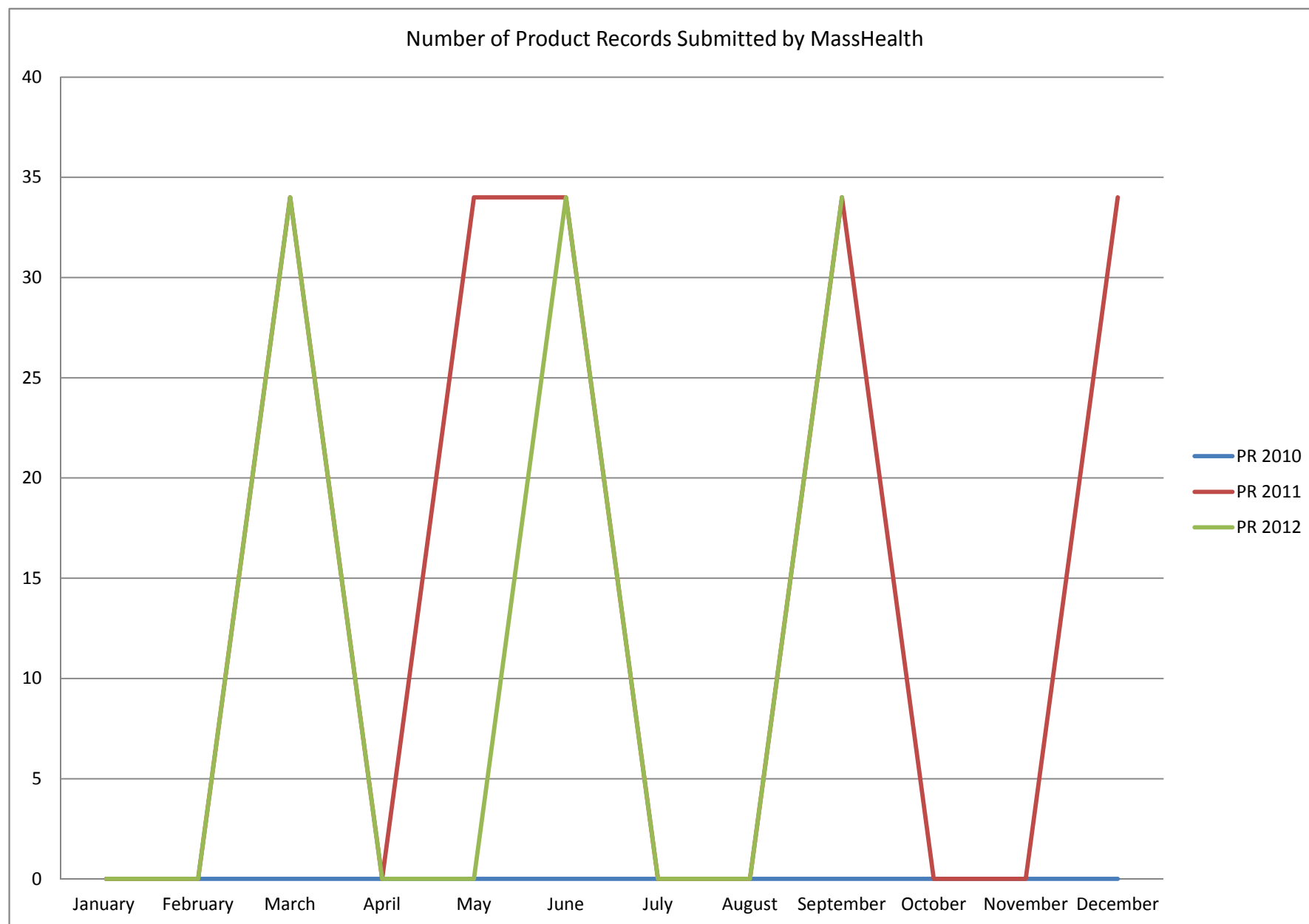
***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

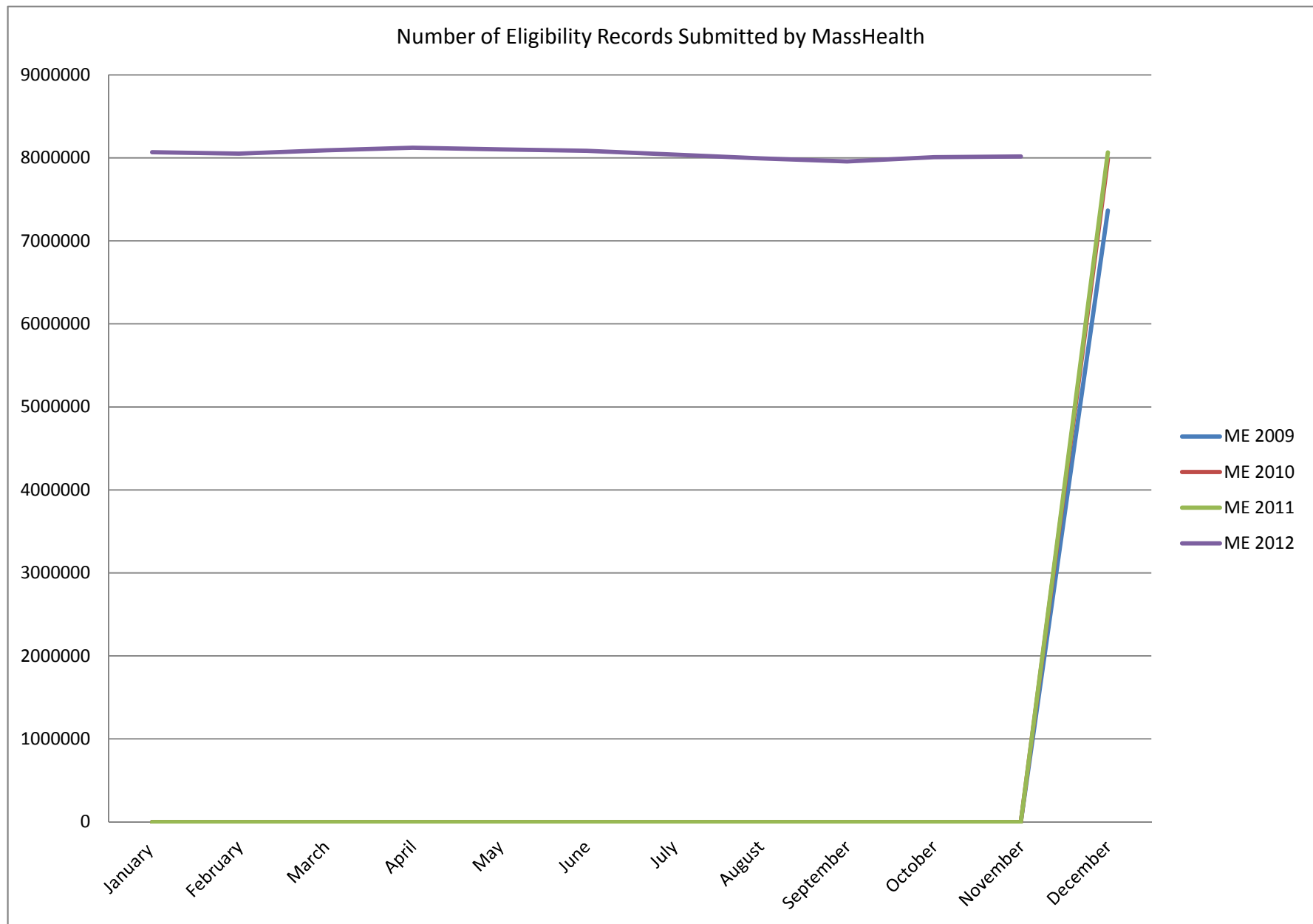
- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.

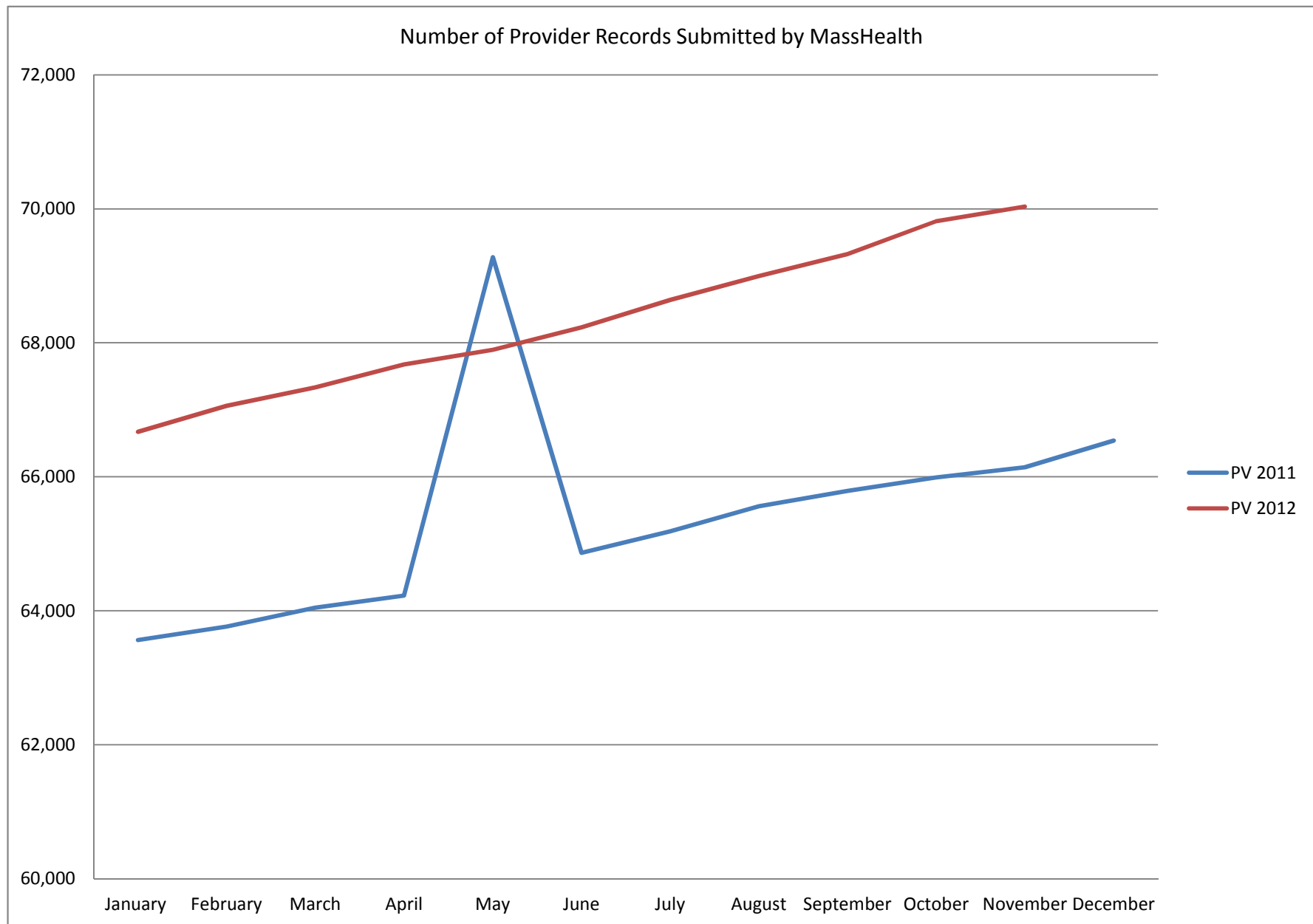
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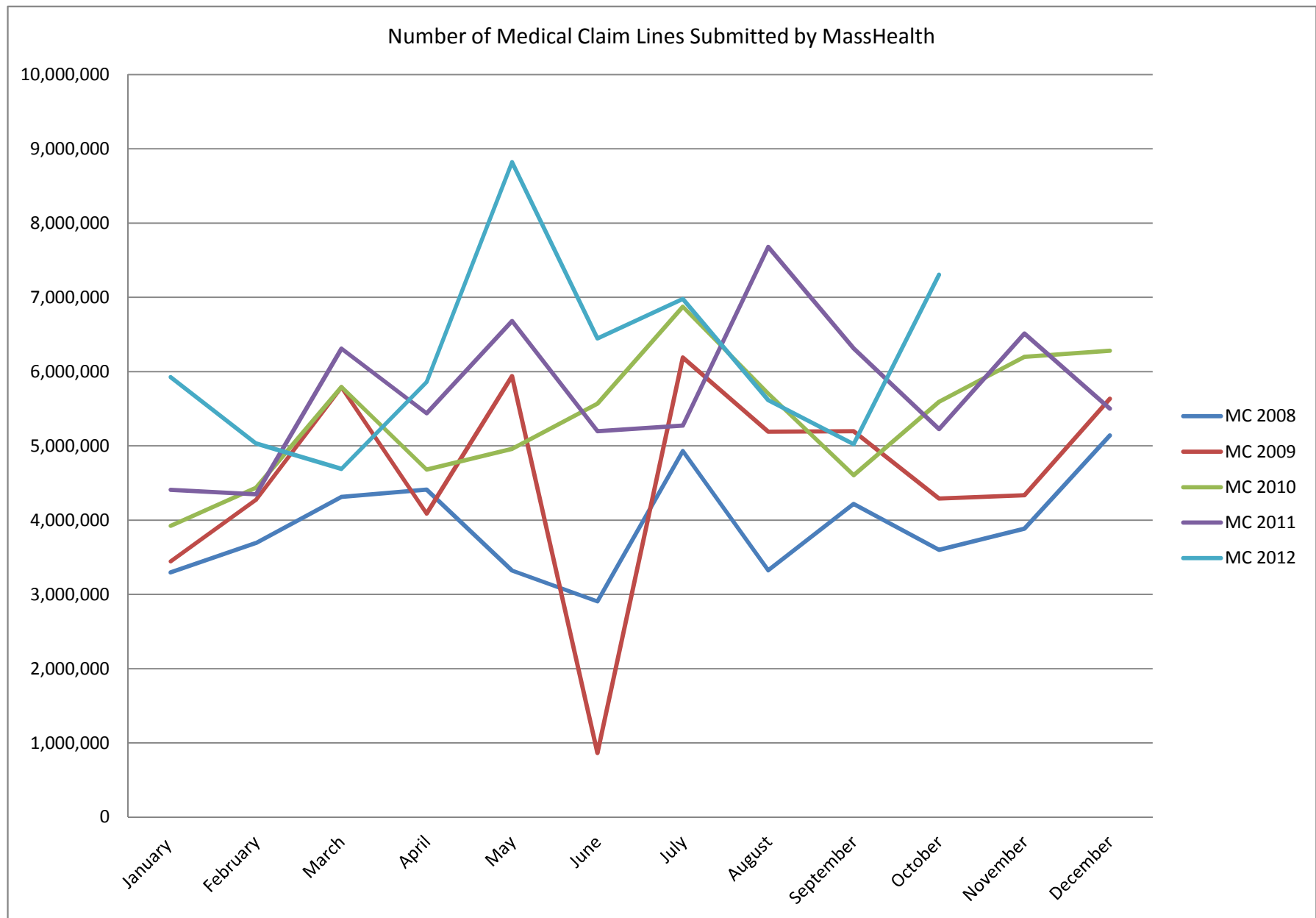


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